PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

TION is very important.

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of OCCUPA-

Exact statement

V. S. No. 1

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	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2:0)
County Accurred	Registration Dist. No. 240
Village or City Frances are	NoSt Ward
(lí	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrsmos,ds.
2. FULL NAME Manue adam	<b>X</b>
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
Finale White OR DIVORCED (ravice the word)	21. DATE OF DEATH (Month) (Day) 193 (Year)
5a. If married, widowed, or divorced C. adams (or) WIFE of Late 2.C. Adams	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h & alive on Fig. 8, 19.3 2 death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or rain.	to have occurred on the date stated above, at . (O, 3o, 1m).  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this occupation (month and speak in this securation).	Cerebral Hemanhage 7/8/33
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary Land	
13. NAME W. P. Pagadiai	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name ef operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Name Menson	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT About Could	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Allen Cent. Date Feb 10, 1933	Nature of Injury
19. UNDERTAKER MY Watery - Sons (Address) Prancies augus 19m2	24. Was disease or injury in any way colated to occupation of deceased?
2/10 23 Whenth	(Signed) X Wy W W W B for C M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1385 - 0 3098	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	HILL O 1000	July 5,1927	Peritonitis	3 days ago	
	BURGALIV				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenleritis	1 year	
			7		

4	- M

V. S. No. 1

County (smartor Somerset	Registration Dist. No. 27
Village or City Proposal City man	moccooly Hoplas Cupies o
Length of residence in city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and not seemed.  ds. How long in U.S. if of foreign hirth? yrs. mos
2. FULL NAME	
	St. Ward.
(Usual place of abode)	If nonresident give city or town and S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (moust of 4 mills Constitut for Feb 10 (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jawa	22. I HEREBY CERTIFY, That I ettended d
6. DATE OF BIRTH (month, day, end year) Feb 10 1933	I last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the deta steted above, et
4 romels Overfin 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEFER, etc.	
FINAL	Undust of 4 mills Cougher
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) spent in this year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) DPL (State or country)	Other Centributory Causes of importance:
W 13. NAME & olim Adours	
13. NAME A Company 14. BIRTHPLACE (city or town).	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au
15. MAIDEN NAME Prich Trigling  16. BIRTHPLACE (city or town) PR	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) PR	Accident, sulcide, or homicide? Date of Injury
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Dus from Atlanto (Address) 2 complex Cell and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CRIMATION, OR REMOVAL Place remarks forms & Date 110, 1933	Manner of injury
	Neture of injury
19. UNDERTAKER (Address)	24. Wes disease or injury In eny way related to occupation of deceased?
1 1 1/11	(Signed) June 200 Onelly

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	0 1033	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis MARI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TATE V. B	July 5,1927	Peritonitis	3 days ago	
	120700				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PH	ISICIAN	

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAbe properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY, WITH

V. S. No. Z

1. PLACE OF DEATH  County  Somerse	Registration Dist. No. 268
Village or City M. Lura M. (1)	ND. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long to U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME Anders	DN
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FFB(\$) 1933 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from Jord miss arctified but wises
6. DATE OF BIRTH (month, day, end yeer)	lest sew hat lest
7. AGE Years Months Deys If LESS then 1 dey. hrs.	to heve occurred on the date staffed ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particuter kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	were es follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at bis occupation (month and	several days before but
11. Total time (years) this occupation (month and year)	Diher Contributory Causes of importence:
12. BIRTHPLACE (city or town) WENONA, MD. (State or country)	Direct Completery Cases of Importance.
13. NAME Preston Anderson	
13. NAME PUSCON AND.  14. BIRTHPLACE (city or town) WENONA, MD.	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Y ANGLAND TO THE STATE OF TH	23. If deeth was due to axternel causes (VtDLENCE) fill to also the following:  Accident, sulcide, or homicide?
(Address) WENONA, MD.	
18. BURIAL, CREMATION, OR REMOVAL Home little place Wilmona mul Date Fiely 11., 1933.	Manner of Injury
19. UNDERTAKER Dreston anderson	24. Wes disease er injury in eny wey releted to occupation of deceased?
20. FILED Hely 11, 193 Rora Webster.	(Signed) (Address) A Complete M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run aver by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run aver by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURBAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	WITHIN CORPORAT	TE LIMITS OF DEATH 019?
County Jomerset		Registration Dist. No. 265
		No. 4 The St., W If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	()	sds. How long in U. S. If of foreign birth?yrsmos
2. FULL NAME Hillia	m duns	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Williams	21. DATE OF DEATH  Feb. /5 , 193 3 (Month) (Oay) (Year
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Butte	Osuton:	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	cart date unbnous	1 last saw h
7. AGE Years Months  about 4-7	Days If LESS than I day,hrs.	I I WINCH VE CUOSE OF DEVILI and Letered canges of inflortance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labour	were as follows:  Date of or
9. Industry or business in which work was done, as SILK MILL.		
SAW MILL, BANK, etc	2 II. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Cus (State or country)	field and	Other Contributory Causes of importance:
13. NAME Shehar	d Birins	-
14. BIRTHPLACE (city or town) Po	comolae	Name of operation Date of West here an autopsy?
15. MAIDEN NAME Fair	ett Daisy	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	stild	Accident, suicide, or homicide? Date of injury, 19
2 (State or country)  17. INFORMANT + Lubba (Address) Cust	d Elzy	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lawsma Cem	Date Feb 17 1933	Manner of injury
19. UNDERTAKER John a 3	rodshon	Nature of Injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Febr. 17, 1933	Ecollina	Signed)
	Registrar.	(Address)

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			The Vintage	

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

10	1	6	C	63
0	I	J	0	U

1. PLACE OF DEATH		107	5/1
County Something		Registration Dist. No.	
Village or City Draws Where dea	(1 th occurredyrs,mo	No.  f death occurred in a hospital or institution, give its NAME instead of s	St., Ward street and number)ds.
2. FULL NAME Pale Co.  (a) Residence: No.	e Bonorilla	, , , , , , , , , , , , , , , , , , ,	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX  3. SEX  4. COLOR OR RACE  5. Sex	or DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <i>.3</i> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	+	22. I HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	W 14-1933		., 1932; death is said
7. AGE Years Months	Days If LESS than f day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	, 0,	ach die of Head	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	sul		********
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)		Other Contributary Causes of impostance:	
II 13. NAME Tilluam Le	Bonovilla		
13. NAME COLUMN Les  14. BIRTHPLACE (city or town) ond (State or country)		Name of operation	
15. MAIDEN NAME Maggi Hornton  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Culliain Lee Bonnelle		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
(Address) massim  18. BURIAL OREMATION, OR REMOVAL  Place Samuely surging for	mg L Pate 3/9 1933	Manner of injury	
19. UNDERTAKER Stellsauk de (Address)  20. FILED 19. 1933 Ture	nariore misson	24. Was disease or injury in any way related to occupation of decilif so, specify  (Signed) Sensey Corella	eased? M. D.
1	Registrar.	(Address)	-s

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AN O			
1 V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Other contributory causes of importance:		Other contributory causes of importance:	ISH TE
Gallstones	May 1,1923	Gastroenteritis	1 year

	(Usual place TICAL PARTI    5. SINGLE, MAR OR DIVORCE     Deys	g	St., Ward.  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, Thet I ettended decee  1 last sew h elive on 1 last sew h elive on 1 last sew h elive on 1 last sew h elive or 1 last sew h e
AND STATISTOLOR OR RACE  divorced  divorced  Months  or particular one, as SPINNER, KEEPER, etc as SILK MILL, worked et (month end	(Usual place TICAL PARTI  5. SfNGLE, MARI OR DIVORCE  Lyw  Deys	of abode)  CULARS  RfED, WfDOWED,  D (write the word)  ff LESS then  1 day,hrs.  ormin.	St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month) (Dey) 4, 193  (Month) (Dey) 4, 193  (I last sew h elive on 19 deet  to heve occurred on the date stated ebove, at m.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
AND STATISTOLOR OR RACE  divorced  divorced  Months  or particular one, as SPINNER, KEEPER, etc as SILK MILL, worked et (month end	(Usual place TICAL PARTI  5. SfNGLE, MARI OR DIVORCE  Lyw  Deys	of abode) CULARS RfED, WfDOWED, D (wnice the word)  If LESS then 1 day, hrs. or min.	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Dey)  (Month)  (Dey)  22. I HEREBY CERTIFY, Thet I ettended decee  19 to heve occurred on the date stated ebove, at
divorced  divorced  Months  proparticular one, as SPINNER, KEEPER, etcssi In which as SILK MILL, worked et (month end)	5. SINGLE, MAR OR DIVORCE  Lyc  Deys	CULARS  RfED, WfDOWED, D (write the word)  If LESS then 1 day,hrs. ormin.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Dey)  (22. I HEREBY CERTIFY, Thet I ettended deceens to heve occurred on the date stated ebove, at
divorced  divorced  Months  proparticular one, as SPINNER, KEEPER, etcssi In which as SILK MILL, worked et (month end)	5. SFNGLE, MAR OR DIVORCEI	RfED, WfDOWED, D (write the word)  733  If LESS then 1 day, hrs. or min.	21. DATE OF DEATH  (Month)  (Dey)  22. I HEREBY CERTIFY, Thet I ettended decee  19. to
divorced  divorced  Months  proparticular one, as SPINNER, KEEPER, etc as SILK MILL, worked et (month end	Deys	of LESS then 1 day,hrs. ormin.	(Month) (Dey) (22. I HEREBY CERTIFY, Thet I ettended decee 1, 19 1, 10 1
Months  or particular one, as SPINNER, KEEPER, etcss In which as SILK MILL, worked et (month end	Deys	1 day,hrs.	to heve occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
Months or particular one, as SPINNER, KEEPER, etc	Deys	1 day,hrs.	to heve occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
Months or particular one, as SPINNER, KEEPER, etc	Deys	1 day,hrs.	I last sew h
Months or particular one, as SPINNER, KEEPER, etc	Deys	1 day,hrs.	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ne, as SPINNER, KEEPER, etc		ormin.	were es follows:
ne, as SPINNER, KEEPER, etc			
ss In which as SILK MILL, IK, etc. worked et (month end			Summe ja alfine.
as SILK MILL, IK, etc			
worked et (month end			
		ime (yeers)	
	occn	upation	
wn) munu	-> 0s 1		Other Contributory Causes of Importence:  Colopia profitued
n Bus	leaven		
or town) on	Ð		Name of operation Dete of
	,		Whet test confirmed diagnosis? Wes there an eutops
neldud	pelas	71,	23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:
or town)	D		Accident, suicide, or homicide? Date of Injury
y)			Where did Injury occur? (Specify city or town, county and State)
narius	colo n	nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B REMOTATION	wmd of	1 00	Menner of Injury
ea amount	Date	7 102	Neture of injury
	/		24. Was disease or injury in eny way related to occupation of deceesed?
	1. A	1)	If so, specify
133 Gun	elia 10,0	tainson	(Signed) my Coulling (Address) moun mp
1	ry)  Maldud  or town)  ry)  Mary But  De REMIGNATION  1. 1023 Jun	neldud pelas or town) mp  ry)  granues or to  granu	ry)  Maldred Acloson,  or town) mp  ry)  My Burolin  Marries & mo  Bred Marries Marries M. H. 1033

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
FATH		(152)		

6	1	0	0	0
0	I	J	.,	6

1. PLACE OF DEATH			
County Somerset	Registration Dist. No. 270		
Village or City Crisfield R.F.D.#2	No. Hopewell St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)		
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. il of foreign birth?yrsmosds.		
2. FULL NAME Pearl Gordon			
(a) Residence: No	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female Colored 5. Single, Married, Widowed, OR Divorced (write the word) Single	21. DATE OF DEATH  February 5, 193 3  (Month) (Day) (Year)		
5a. If merried, widowed, or divorced HUSBAND of			
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from		
6. DATE OF BIRTH (month, day, and yeer) Jan. 14, 1933	1 lest sew h alive on, 19; death is said		
7. AGE Years Months Days II LESS than	to have occurred on the date stated ebove, atm.		
23   1 day,hrs.	meta se tellume.		
8 Trade projection or particular	no physicis - charge Date of onset		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and	Junton birth 14- 33		
SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) Hopewell, Md. (State or country)	Other Contributory Caoses of importance:		
Til 13. NAME Charles Gordon			
13. NAME Charles Gordon  14. BIRTHPLACE (city or town) Va.  (State or country)	Name of operation		
15. MAIDEN NAME Katherine Fisher	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?		
15. MAIDEN NAME Katherine Fisher 16. BIRTHPLACE (city or town) Irvington, Va. (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?		
17.INFORMANT Charles Gordon (Address) Hopewell, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Hopewell, Md. Dete Feb. 7, 19 33	Nature of Injury		
19. UNDERTAKER I. S. Lawson (Address) Crisfield, Md.	24. Was disease or injury in eny way related to occupation of deceesed?		
20. FILED Feb. 6., 19 33 CECOLLINA Registrar.	(Signed) 6 6 leal mon tealthopm D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

ATH in plain terms, so that it may be

supplied.

mation should be carefully

CAUSE OF DE

TION is very important.

See instructions on back of

1. PLACE OF DEATH	260
County dispersel	Registration Dist. No.
Village or City Osmacus anne	( Mear truley St., Ward
Length of residence in city or town where death occurredyrs5_mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  Los. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Columned ( and )	Holdren & mand Roberton
(a) Residence: No. On and Read (Usual place of abode)	If nonresident give city or town sod State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH  F. G. (Month) (Day) (Yeer)
5a. If married, widowad, or divorced	
HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from  Was Never Research & Q., Ques
6. DATE OF BIRTH (month, day, and year) Lung - 27-1932	I lest saw h alive on 19 deeth is said
7. AGE Years Months Gays I If LESS than	to have occurred on the date stated ebove, at 3 1 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rubable
SAWYER, BOOKKEEPER, etc.	Orinalical Puna. 8
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	1933-7-27
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
1/6-	
13. NAME Stepen Hollworke 14. BIRTHPLACE (city or town). Inch.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
1 60	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Walla Rebello	23.3If deeth was due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
P- 11 00 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JUVEN Jollreole	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 71, Ch	Menner of injury
Place July Dete 77 6 19 3	Neture of Injury
19. UNDERTAKER Johns V. Drumo	24. Wes disease or Injury in any way related to occupation of deceased?
(Addrass) Domain Soldie you	If so, spacify 15 Mealeo.
20. FILED 7 66 1933 18 mill	(Signed) M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: EP FILE Arteriosclerosis 1915 Attack of epilensy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 ucar

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Jou proply	date of beat	I see verth Certificate	THE STREET
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	01984
PLACE OF DEATH	STATE OF MARYLAND
County Ollerson	CERTIFICATE OF DEATH
22 . 0	Registration Dist. No. 268
Village or Circumstell (No. Mile)	ready Hospital Ward) (If death occurred in
2FULL NAME Sufant F	Ward)  (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIÇAL CERTIFICATE OF DEATH
13 SEX 14 COLOR OR RACE 5 NGLE, MARRIED, MODWES OF AWORCE OF AWORCE OF AWORCE OF THE SERVICE OF	16 DATE OF DEATH \$ 1933 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERERY CERTIFY, That Pattended the deceased from
TEG 18 1933	125-18 1933.10 72614 , 1923
(Month) (Day) (Year)	that I last saw h Malive on 1923
7 AGE   If LESS than   I day thrs.	
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a) OCCUPATION (a) Trade, profession or	atelectasis - 7
particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duratton) Tros de.
Shiathplace (State of country)	Contributory
I PNAMIL OF A L	(Duration) yrs
WHER ales Howard	(Signed) M. D.
of the production of the state of country)	State the Disease Causing Doth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
THE MAIDEN HAME	Accidental, Suicidal of Romicidal.
& MENGLED ESTONE (Ebster	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER Only Island Mo	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
A. Ot 1/2 0	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lirusfield Md.	Deals Island reb 19, 1933
15 Filed Fely 19 193 Rora Webster Registrar	Dred I Motur Seals Isld
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury "telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA-

stated EXACTLY. PHYSICIANS

Exact statement

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

1. PLACE OF DEATH		71	
County Oment	Registration Dist. No.	10	
Village or City Hasawell	NoSt.,_	Ward	
Length of residence in any or town where death occurred 4 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street as mosds. How long In U.S. if of foreign birth?yrs		
2. FULL NAME Whanda Jones			
(a) Residence: No. TOWN (Usual place of abode)	St., Ward.  If nonresident give city or town a	and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  OR DIVORCED (2010) the word		193.3 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo. J. H. Jones	22. I HEREBY CERTIFY, That I attend The 23, 1933, to Feb. 5	ed deceased from	
6. DATE OF BIRTH (month, day, and year) Jon and 1874	Hast sawh LV alive on Tal. 5 ,193	; death is said	
7. AGE Years   Months Days 1 if LESS tha			
5 9 St day,min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Oate of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	neuritis	1930	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased lest worked et this occupetion (month and year) this occupation.			
12. BIRTHPLACE (city or town) dublin (State or country)	Other Contributory Cassés of Importance:	1932	
II 13. NAME Levin allinon			
14. BIRTHPLACE (city or town) Dublin (Stete or country)	Name of operation Oate o  What test confirmed diagnosis? Wes there	5	
15. MAIOEN NAME Hannah Hargis	23. If death was due to external causes (VIOLENCE) fill in also the follow		
16. BIRTHPLACE (city or town) Dublin	Accident, suicide, or homicide? Date of injury	, 19	
(State or country)	Where did injury occur? (Specify city or town, county and	Sinta)	
17. INFORMANT Leg. J. H. Jona (Address) Laftenell Mil	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC	PLACE.	
18. BURIAL, CREMATION, OR REMOVAL  Place Haffeine Date File 7, 195	Menner of Injury		
19. UNOERTAKER John A Byodston (Address)	24. Wes disease or injury in any wey related to occupation of deceased?  If so, specify	Ws.	
20. FILEO 706. 6, 1933 Excelling Registral	(Signed) / Spylpley	( M. I	
If more blanks are needed, address State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related severe	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	sverin en
May 1,1923	Gastroenteritis	1 year
	1921 July 5 , 1927	1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 01986
2 84 . 00 01	Registration Dist. No. 268
County Office Court (SU)	
Village or City WENONA, MD.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. it of foreign birth?yrsmosds.
2. FULL NAME SPENE JONES	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH FEB 23 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That if attanded deceased from
6. DATE OF BIRTH (month, day, and year) Select 27 /896	I tast saw h. M. alive on F. M. 2/3 193,3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 13 p.m.
36 4- 1-26 ormin.	The PRINCIPAL CAUSE OF DEATH end related causas of Importance
8 Trade profession or particular	Date of oneet
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years)	
Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) WENONA, MD	Other Coutributery Causes of Importance:
(State or country)	Cx Gussa Trab
II 13. NAME / enry // Efrolly	7 *************************************
13. NAME / LONA, M. 14. BIRTHPLACE (city or town) - ALACHA, M. 19. (State or country)	Neme of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Nal Northam	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (Stete or country)	Accident, sulcide, or homicide?
17. INFORMANT WENONA MAD	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Date 724, 19.23	Nature of injury
19. UNDERTAKER DEALS ISLAND, 140.	24. Was disease er injury in eny way related to occupetion of deceased?
20. FILED July 25, 1933 Rora Weloter Registrar.	(Signed) CHANCE, MD.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
3118			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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	for-	state	PA-	
	of ir	ld s	CCU	
	tem	shou	o j	
R	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Brery item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Ó	r RECO	Y. PH	Exact	
IARGIN RESERVED FOR BINDING	SRMANENT	XACTL	classified.	
FORD	IS A PF	stated F	properly	
1	HIS	be	pe.	•
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N PE	ING I	AGE	se that	
TARCI	UNFAL	supplied.	terms,	
	WITH	efully a	in plair	-
)	LAINLY,	uld be car	DEATH	
4	RITE P	tion shor	USE OF	
4	M-	ma	CA	Į

N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01987
1. PLACE OF DEATH	10
County Amusel	Registration Dist. No. 260
Village or City Hors Or Cum my	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Dans Jones	103
	O. Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Bronchy Jumnones
9. Industry or business in which work was done, as SILK MILL, MAKE, SAW MILL, BANK, atc.	- www.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month end year)	1/4,
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME France Jones	word vans ord
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of codificty)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Practice Ward  16. BIRTHPLACE (city or town)	23. If daath was due to axternel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Oate of injury, 19
(Steta or country)  17. INFORMANT (Address)	Whare did Injury occur?(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place O Visila Kelli Date of 18 , 1933	Neture of Injury
19. UNOERTAKER And Johnson	24. Was disaese or injury in eny wey related to occupetion of deceased?
20. FILED 0/18 (19.3.3 ) Smith Registrar.	(Signed) The Wort in all words, 0.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	of the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of

state

Exact statement of OCCUPA-

PHYSICIANS should

01988

1. PLACE OF DEATH		3
County Somethe	\$	Registration Dist. No. 270
Village or City Crost	el	No. Decerner Dulf St.; Ward
Length of residence in city or town where	death occurred O vrs O mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  s ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME	9	(3-1- 2 00)
(a) Residence: No. Cris	) adauton	Ci Wind
(a) Residence. No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and Siste
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tells 6 193 3
5a. If married, widowed, or divorced	<del>'</del>	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	8.6, 1933	I last saw h alive on, 19, 19; death is seid
7. AGE Years Months	Deys   If LESS than	to heve occurred on the date stated above, atm_
0 0 0	O l day, Ohrs.	
8. Trade, profession, or perticular	1 0000000000000000000000000000000000000	Oate of one of
SAWYER, BDDKKEEPER, etc	Zune	Gelles 1
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc		loly - a revi
10. Dete deceased lest worked at	11, Totel time (yeers)	1
this occupetion (month end year)	spent in this occupation	
12. BIRTHPLACE (city or town)	held R72 # 2	Dther Contributory Causes of importence:
(State or country)	et mayl	X
14. BIRTHPLACE (city or town)	La level	
14. BIRTHPLACE (city or town)	Field	Name of operation Date of
(State or country)	1 de la companya del companya de la companya del companya de la co	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	1 8 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Tul -	Accident, suicide, or homicide?
17. INFORMANT CL Was	lin Tandon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury
Plece	Date, 19	Neture of injury
19. UNDERTAKER		24. Was disease or injury In any way related to occupetion of deceased?
(Address)		If so, specify
20. FILED Feb. 8 , 1933 C	Ecolling Registrar.	(Signed) (Address) Cr Zeell Led.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BILLISIAI

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WIT

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF PEATH	<u></u>
)	County Sources	Registration Dist. No. 268
	Village or City Deals Island	No. St., Ward
11	Length of residence in city of town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1	2. FULL NAME Sewell to Eou	ud
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, ORDIVORCED (write the word)	21. DATE OF DEATH Fly 24 (Oay) (Year)
	5a. If married, widowed or divorced HUSBAND of (or) WIFF of	
	( course Coly Ebell revueld	22. I HEREBY CERTIFY That I attended deceased from 1953 to 70 24 1938
e.	6. DATE OF BIRTH (month, day and watter 7 1877	I last saw h alive on 7-6 22 1983; death is seld
certincate.	7. AGE Years Months Days If LESS than 1 day, hrs. or or min.	to have occurred on the date stated above, atAn, The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
010	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
24	9. Industry or business in which work was done, as SILK MILL,	Garcinoma of Stomach 1926
instructions on back	SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
See instru	(State or country)  13. NAME  14. BIRTHPLACE (city or town)	Name of operation
	(State of Country)	What test confirmed diagnosis? No 300 Was there an autopsy? No
	15. MAIDEN NAME (edulation of the state of country)  15. MAIDEN NAME (edulation of the state of country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
very 1m	17. INFORMANT Arthur LEonard (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
13	18. BURIAL, CREMATION, OR REMOVAL Place Dylandson Date 726, 26, 19 3 3	Manner of Injury
NOUT	19. UNDERTAKER ASSURE (Address)	24. Was disease or Injury In any way related to occupation of deceased? No
	20. FILED TEly 3 33 Rora Wehter Registrar.	(Signed) Older 7. altoman M. D.  (Address) Princess Quee Tyd.
	If more blanks are needed, address State Registrar	2411 N Charles Street Relimore Perustana 71 S No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		HECON!	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	93-0
	County Stress	Registration Dist. No. 270
should of OCC	Village or City 74 opened	NoSt., Ward death, occurred in a hospital or institution, give its NAME instead of street and number)
	16	ds. How long in U.S. If of foreign birth?
Every CIANS ement	2. FULL NAME Edgar n miles	
CORD. Every PHYSICIANS oct statement	(a) Residence: No.	St, Ward.
COR Ct s	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
T RE, Y. Exa	3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Strange 24 193 3 (Year)
RMANEN X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Ona Ward Mides	22. I HEREBY CERTIFY, Thet I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 1857 Thous	1 last saw per alive of 54 23 ,193; death is said
V 10 40	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 4:30 Am.
IS A F stated properl ertifica	/3 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance  Date of onset
HIS be be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1. Joseph Chronic.
NK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, Work Boat SAW MILL, BANK, etc.	Schrösen -
100	O 10. Date deceased last worked at this occupation (month end year) occupation - oc	Duration: Unknown. Cut R.
NFADING oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Hosswell	Other Contributory Causes of importence:
UNFAI upplied. terms,	(State or country)  Mal 13, NAME	
D = 4 "	14. BIRTHPLACE (city or town) Hopewall.	Name of operation Date of
Sain	(State of country)	What test confirmed diegnosis? Was there en au'opsy?
WITH refully in plai	H 15. MAIDEN NAME JOVEN	23. If death was due to external causes (VIOLENCE) fill In also the following:
Y SE S	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
Should be OF DEA	17. INFORMANT Rodges Miles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
TE PI n shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL Place Pre Les Family Canadage Feels 26 1933	Menner of injury
WRITE mation s	0 8 10 70 0 0	Neture of injury
TOT	19. UNDERTAKER (Address) Creshild Trock	If so, specify A AUS A A A A A A A A A A A A A A A A A
m (T)	20. FILED Fel. 26 1933 CE collins	(Signey) 7/4 Ogubouru M. D.
Z. (*)	Registrar.	(Address Orishiald Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguering V. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	Paristration Diet No. 0
County Conserved	Registration Dist. No.
Village or City V/Cece Clear	ND. St.,  f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth? yrsmos
2. FULL NAME Mary Helson	
· · · · · · · · · · · · · · · · · · ·	n Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX- 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH I
TSund Who to OR DEVORCED (write the word)	1 Ebruary 2 / 193
5a. If married, widowed, or divorced	(Month) (Yes
HUSBAND of (or) WtFE of	22. I HEREBY CERTIFY, That I attended docessed
60 0 0000	, 19, to
6. DATE OF BIRTH (month, day, end yeer)	1 last saw h alive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 11.17 Pm.
68 /0 /2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	struck by train Skull Date of
SAWYER, BOOKKEEPER, etc.	crushed, I Car stalled on
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	truck Vriver not
SAW MILL, BANK, etc	injured, accidental)
1D. Date deceased last worked et this occupation (month and the 1933 per lin this occupation)	
year) octoperion octoperion	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town). May large	
(Stete or country)	
13. NAME Elizabe W. Nesson	
14. BIRTHPLACE (city or town) Many Law of	Name of operation Date of
(State of Edunity)	What test confirmed diagnosis?
15. MAIDEN NAME Parey Clarabeth Clarking  16. BIRTHPLACE (city or town) Surrland	23, If death wes due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) meany land	Accident, suicide, or homicide? (L. C. Bate d'injury
Stete or country)	Where did injury occur? Price Same
17. INFORMANT Mrs. Eula Culley	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Crispela Md.	railroad frosting
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Akull Crushed
Place Cryliced Cell Date Har, 1, 1933	Nature of injury.
10 HADESTAND MY WATER - Done	24. Was disease or injuryin eny way releted to occupation of deceased?
19. UNDERTAKER MANAGEMENT SHOWN (Address) Princes Auch Such	If so, specify So
7.6.00 2270 0 50	(Signed) Milerall, Deepolost
20. FILED. ACC X 19.33 St. 1	100

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I	A	Example II	1 2 15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUR	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

county Comercel	Registration Dist. Np. 26/	/
Village or City Marion	Np. St.	W
	death occurred in a hospital or institution, give its NAME instead of street and number	
Az to	now long in 0.3, it of foraign bittingyrsyrs	
2. FULL NAME		
(a) Residence: No. (Usual place of abodo)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SNELE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATHER & 2 2	3
Es Il model and and discount	(Month) (Day) (Y	(aar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaas	ed i
Y 3 5 3 3	, 19 , 10 , 10 , 11	9
6. DATE OF BIRTH (mogth, day from the 2 - 3 3	l iast saw h alive on, 19; deatl	h is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
tiel430 day min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	010
8. Trade, profession, or particular kind of work done as SPINNER.	2+'000	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mill / Som	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contribution Constraint	
12. BIRTHPLAC (INFO TOWN) - 512 MA	Other Contributory Causes of Importance:	
13 MANTE BELLINO, Oration		
E WALL	Name of according	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy	
15. MAIDEN NOTELLE LE SE SE	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NO FELLE (CITY OF DWA)	Accident, suicida, or homicide?	9
E (State or country)	Whera did injury occur?	
17. INFORMAND tople on britain	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL MEMATION, OF REMOVAL . 1	Manner of injury	
Place Haundy vurying to Bate 177 1933	Nature of injury	
19. UNDERTAKER Stephen Oliter 1	24. Was disease or injury in any way related to occupation of deceased?	
(Address), Marioyo Md	If so, spacify [1 and D	
Malal 20 ( )	(Signod) (Signod)	

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	Example I	11	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1033 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis Min o	1921	Run over by street car	1 week ago
Cerebral hemorrhage	T. W. B.	July 5,1927	Peritonitis	3 days ago
	BU Bold and a second			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		السيبيين		


TION is very important. See instructions on back of certificate.

CAUSE OF DEATH

V. S. No. 1

PHYSICIANS should state

## STATE OF MARYLAND-CERTIFICATE OF DEATH

10	1	(1	O	3
U	.4.	V	1	U

County Somerset  Village or CitPocomoke City.  No. R.F.D.# 1.  (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred
(If death occurred in a hospital of institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred
Length of residence in city or town where death occurred yrs, mos, ds. How long in U.S. if of foreign birth? yrs, mos, ds.  2. FULL NAMEJOHN Lafayette Paradee  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIYORCED (wnic the word)  Male  White  Married  4. COLOR OR RACE  OR DIYORCED (wnic the word)  Married  Married  Married  Medical Certificate Of Death  21. DATE OF DEATH  (Month)  (Day)  (Vest)
2. FULL NAMEJOhn Lafayette Paradee  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIYORCED (write the word)  Male  White  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  February 21st.  (Month)  (Dey)  (Year)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  White  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  February 21st., 193 3.  (Month) (Dey) (Year)
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  MALE  MALE  MALE  MEDICAL CERTIFICATE OF DEATH  MALE  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  PEDTURY  MATTIED  (Month)  (Dey)  (Year)
3. SEX Male  4. COLOR OR RACE OR DLYORCED (which the word) Married  5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (which the word) Married  7. DATE OF DEATH February 21st. 193 3. (Month) (Dey) (Year)
Male White OR DIVORCED (write the word) February 21st. 193 3. (Month) (Dey) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Emma S. Paradee  22. I HEREBY CERTIFY, That I attended daceased from
1993 to 1993
6. DATE OF BIRTH (month, day, and year) February21-1850 7. AGE Years   Months   Days   If LESS than to have occurred on the date stated above, at 7 a QQAm.
0.7 ** 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular
8. Trade, profession, or particular kind of work done, as SPINNER, FARMER Chronic Myacardiles
A Industry or Dusiness in which work was done, as SILK MILL.
SAW MILL, BANK, etc
this occupation (month and 1923 spent in this occupation occupation
12. BIRTHPLACE (city or town)ACCOMAC COUNTY Other Contributory Canses of Importance:
(State or country) Virginia. Acute Coll
13. NAME   Nilby Paradee   14. BIRTHPLACE (city or town) Accomac County   Name of operation   Date of
(State of country) VIIII (State of country) What test confirmed diagnosis? Was there an autonsy?
15. MAIDEN NAME Elizabeth Whealton 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Whealton 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  (State or country)  Whare did injury occur?  Whare did injury occur?
17. INFORMANT Miss Cecelia Paradee  17. INFORMANT Miss Cecelia Paradee  (Address Pocomoke City, Maryland.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18-BURIAL-CREMATION OR REMOVAL
Place ocomoke - Gity, IndDate Feb. 23rd 19 33 Nature of injury
19. UNDERTAKER PLINOUP. TEVELISM 24. Was disease or injury in any way related to occupation of deceased? ""
(Addiess) Pocomoke City, Maryland. If so, spacify  (Signed), Adellarday M. F.
20. FILED Jell. 22, 1933 Danniel Scatt (Signed) Light William (Address) Commande Cil, Mil

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
J - WVD 3 1523	2		-155	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1	County	H Morr	A		No.	Registratio	n Dist. No.	3 26
- /			Lum	(1	f death occurred in a hospital or institu	ntion, give its NA!	ME instead of street ar	nd number)
		dence In city or town wher	e death occurred	yrsmo	ds. How long in U.S. if	or toraign birth/	yrs	_mos
	2. FULL NA	ce: No.	Con V. L	so on	St., Ward.			
			(Usual place				nt give city or town a	
	PERSON 3. SEX	AL AND STATIS		RIED, WIDOWED,	21. DATE OF DEATH	ERTIFICAT	E OF DEATH	<u> </u>
	male	los		D (write the word)	2. DATE OF BEATH	(Month)	O Chay)	, 193.3. (Year
	5a. If married, widow HUSBAND of (or) WIFE of	red, or divorced			22. f HEREB	CERTI	FY, That I attend	ed deceased
	(0), 11,12 01					, 19, to		, 19
ate.	6. DATE OF BIRTH (	(month, day, and yaar)	Day	If LESS than	I last saw h alive on			; daath Is
certificat	2	0	Days	I day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:			Date of o
of c	8. Trada, profes	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, atc			1. 1. 0		3	
back	industry or	business In which s done, as SILK MILL, L, BANK, atc.	7		who we to	D. Kr. A	moure	<b>d</b>
ba		L, BANK, atc.	mulos		MUN!	in al	lucone	2
s on	this occur	pation (month and	spe	ima (yaars) nt in this upation	at- Lim	12 0/2	· ela	
instructions	12. BIRTHPLACE (cit				Other Contributory Causes of imp	ortance:		
ruc	(Steta or cour				-			
inst	当 13. NAME 7	rans (95)	Inform					
See	13. NAME 7		0		Name of operation	W	Date of	
	(State of	-	4	8	What test confirmed diagnosis?		Wes thare a	n autopsy?
	15. MAIDEN NA  16. BIRTHPLACE		my VI	MA	23. If death was due to external car	. /		ing:
nport	Stata or	(city or town)	and a		Accident, suicide, or homicida?  Where did injury occur?		_ Date of Injury	, 19
In	17. INFORMANT (Addrass)	Toches with	20		Spacify whether injury occurred i	(Specify city	or town, county and S HOME, or In PUBLIC	State) PLACE.
is ver	18. BURIAL, CREMAT	ON, OR REMOVAL			Manner of injury	non	<u> </u>	
	Place	The year	Pate Of	V 19.5 5	Nature of injury	no	n-	
TION	19. UNDERTAKER	tuo. a 63	200 Ale	no te	24. Was diseasa or injury In any w	vay releted to occu	upation of deceased?_	711
-	(Address)		CALL AT	1/2	If so, specify	1/2.1		2
	20. FILED 012	2 25	1 K march	7	(Signed) T. J. William	V- (-10-1-	macin	a with

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3 8 4

Exact statement of OCCUPA.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01995
1. PLACE OF DEATH	<u> </u>
County fransat	Registration Dist. No. 26/
Village or City Dayson	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?yrsmosds.
(a) Residence: No	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Jely 18, 1933  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sull Arm.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Lb 18 1933	I lest sew h; death is sald
7. AGE Years Months Deys If LESS then 1 day, hrs. or min.	to have occurred on the date steted above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL; SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and spent in this securation than the spent in this securation (month and spent in this s	Cardinal 4 mulls Constant
SAW MILL, BANK, etc  10. Date deceased last worked et this occupetion (month and year)  11. Total time (years) spent in this occupetion occupetion.	
12. BIRTHPLACE (city or lown) DDG (State or country)	Other Coutributory Causes of importance:
13. NAME Of oly Selly.	
13. NAME Of or Selly.  14. BIRTHPLACE (city or town) (Stele or country)	Neme of operation Date of  What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME Forgel Half  16. BIRTHPLACE (city or town) and (State or country)  17. INFORMANT Hazel Hall. Sully.	23. If deeth was due to externel ceuses (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CROMATION, OR REMOVAL Place remarked Marion Mode 1/8, 1933	Manner of Injury
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED //8 , 1933 Gurelia 1/, fairson Registrar.	(Signed) June 320 Doubless M. D.  (Address) MALLES M.D.
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 1	Example II		
The principal cause of de of importance were as fol		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	LARIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	9 1933	July 5,1927	Peritonitis	3 days ago	
\	THERAU V. D	-11			
Other contributory cause	s of importance:	and the same of th	Other contributory causes of importance:		
Gallstones	A THE TREE CO.	May 1,1923	Gustroenteritis	1 year	


TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01996
1. PLACE OF DEATH	
County Somersel	Registration Dist. No.
Village or City Cresfield Mod	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where doth occurredyrsyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regite the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feet, 6 th 1917	i last saw helder alive on Tele 10 1933 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
/6 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Mosse SAWYER, BOOKKEEPER, atc	Browle premous tol 9 1933
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	the fell
10) Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Sulling W. Nelson Md,	
14. BIRTHPLACE (city or town)	Name of operation Oats of What test confirmed diagnosis? Level Was there an autopsy?
15. MAIDEN NAME Daisy A, Sterling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Asshur DV. Nelson, (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODEL PLANT 12 12 1993.	Manner of injury
19. UNDERTAKER OF SAUCHOLINA (Address) Cursulla Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 12, 1933 DE Collins Registrar.	(Signed) Salah W. La ton M. D.  (Address) Cria Julid Lut -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	!!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUX 5.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1199
1. PLACE OF DEATH	93-0
county Somerset	Registration Dist. No. 260
Village or City Bruce anne	No. Q. F. D. & St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred Solyrs	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Heneritta Su	der
(a) Residence: No. (J). (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wednied	21. DATE OF DEATH  (Month) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of Levri L. Luclle	22. O I HEREBY CERTIFY. Thet I attended deceased from
(or) WIFE OT of Levin &.	Jan 204 1933 10 Feb, 179 1933
6. DATE OF BIRTH (month, day, and year)	14est sew h. C. L. alive on Jan 204, 19. 3. 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et.
Probably 60 to 70 9 cm. min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	were as tonows. Oataafonset
8. Trade, profession, or particular kind of work done, is SPINNER, SAWYER, BOOKKEPPER, etc. Denueslis	
kind of work done, 7s SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	My Caralen 50
SAW MILL, BANK, etc.	FOFE
10. Date deceased last worked et this occupation (month and year)	acteur &
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
W 13. NAME	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis?  Washere an autopsy?
15. MAIOEN NAME	23. If deeth wes due to externel ceuses (VIOLENCE) fili In elso the following
I Then	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
P. at Saller	(Specify city or town, county and State)
17. INFORMANT AND PLANTED AND ADDRESS VIA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of industry
Place It-salar Censelon Date Let 19, 1932	Manner of injury
do o o	ne .
19. UNDERTAKER James d. Denger	24. Was disease or Injury In any wey related to occupation of deceased? //
	If so, specify 18 18 18 18 18 18 18 18 18 18 18 18 18
20. FILED 924. 19, 1933 15 milk	(Signed) (Signed) (M. D.
Registrar.	(Address) And Company
ij mare viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	()1998
County Sources	Registration Dist. No. 270
Village or City Cristield, And	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Laura & Ward	
(a) Residence: No. / Crisfield //	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While ORDIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of & Travis Ward.	22. 1   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Dec. 19th 1861	I last saw h A alive on 751 - 2 J 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4m.
7/ 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Hausework SAWYER, BODKKEEPER, etc.	Cleule refebrites
SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
To. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	*
12. BtrTHPLACE (city or town) (State or country)	Provelle puellulore 1
13. NAME Jacob Sharrow	wrenua
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia - 112	23. If death was dua to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Miles Berfie A. Sterling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION OR REMOVAL	
Place Ward Greelegs & Dete Helo 27th, 1933	Manner of Injury
19. UNDERTAKER DE SALESANT AND ANDRESSON CASSILLARIO MA	24. Was disease or Injury In eny wey related to occupation of deceased?
20. FILED Feb. 27, 19 33 Fecollins Registrar.	(Signed) Advas J. Thewall Ca. M. D.
If more blanks are needed address State Parish	N. Challe Care P. Air. D

are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	( Table   1	Other contributory causes of importance:	ши	
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arterioselerosis . A. S. 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V. 8 July 5, 1927	Peritonitis	3 days ago	
Manual and a	-11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

**TARGIN RESERVED** 

s should state of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

10	9	1	9	1	
U	4	1	U	L	

1. PLACE OF DEATH		46	, ,
County Donnews		Registration Dist. No. 2	0
Village Dr City	death occurred 60 yrs. mos	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs	ward
2. FULL NAME Ella	Inlhous)		
(a) Residence: Np. Clesh	(Usual place of abode)	St, Ward.  If nonresident give city or town and	1 8
PERSONAL AND STATIST	The second secon	MEDICAL CERTIFICATE OF DEATH	o conte
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	., 193 3 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs. ofhrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	11. Total tima (years) spent in this occupation	Orns:	76.24
12. BIRTHPLACE (city or town)		Other Cantributary Causes of Importanca:	
13. NAME Solon with 14. BIRTHPLACE (city or town)	Cliano	Somma y Dela	101 1-
(State of Country)	V.	Name of operation	autopsy?
15. MAIDEN NAME O Cavolicio .  16. BIRTHPLACE (city or town)	relkeus	23. If death was due to external causes (VIOL ENCE) fill In also the following Accident, suicide, or homicide? Data of injury Where did injury occur?	•
17. INFORMANT Amni H. (Address) Leeslona	vedecel.	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	le) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place MARLINGER CEM	1. Date March 1, 1933	Manner of Injury	
19. UNDERTAKER JOHN CO. 19.	jadenam.	24. Was disease or injury in any way related to occupation of daceased?  If so, specify	hò
20. FILED March 1 , 1933 Gur	elia / d. fawson Registrar.	(Signed) Comment of State (Addrass) Comment of State (Addrass)	

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:	SPUF	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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